

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

A0 FILED

ADDITIONAL  
DEPENDENT

ADDITIONAL  
DEPENDENT

CLAIMS

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

TOTAL IND.

1

3

TOTAL DEP.

27

39

TOTAL CLAIMS

78

42

CLAIMS

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

TOTAL IND.

1

TOTAL DEP.

39

TOTAL CLAIMS

42